

Connecting via Winsock to STN

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LOGINID:SSSPTASXS1654

PASSWORD:

TERMINAL (ENTER 1, 2, 3, OR ?):2

\* \* \* \* \* Welcome to STN International \* \* \* \* \*

NEWS	1		Web Page URLs for STN Seminar Schedule - N. America
NEWS	2		"Ask CAS" for self-help around the clock
NEWS	3	FEB 28	PATDPAFULL - New display fields provide for legal status data from INPADOC
NEWS	4	FEB 28	BABS - Current-awareness alerts (SDIs) available
NEWS	5	MAR 02	GBFULL: New full-text patent database on STN
NEWS	6	MAR 03	REGISTRY/ZREGISTRY - Sequence annotations enhanced
NEWS	7	MAR 03	MEDLINE file segment of TOXCENTER reloaded
NEWS	8	MAR 22	KOREAPAT now updated monthly; patent information enhanced
NEWS	9	MAR 22	Original IDE display format returns to REGISTRY/ZREGISTRY
NEWS	10	MAR 22	PATDPASPC - New patent database available
NEWS	11	MAR 22	REGISTRY/ZREGISTRY enhanced with experimental property tags
NEWS	12	APR 04	EPFULL enhanced with additional patent information and new fields
NEWS	13	APR 04	EMBASE - Database reloaded and enhanced
NEWS	14	APR 18	New CAS Information Use Policies available online
NEWS	15	APR 25	Patent searching, including current-awareness alerts (SDIs), based on application date in CA/CAPLUS and USPATFULL/USPAT2 may be affected by a change in filing date for U.S. applications.
NEWS	16	APR 28	Improved searching of U.S. Patent Classifications for U.S. patent records in CA/CAPLUS
NEWS	17	MAY 23	GBFULL enhanced with patent drawing images
NEWS	18	MAY 23	REGISTRY has been enhanced with source information from CHEMCATS
NEWS	19	JUN 06	STN Patent Forums to be held in June 2005
NEWS	20	JUN 06	The Analysis Edition of STN Express with Discover! (Version 8.0 for Windows) now available
NEWS	21	JUN 13	RUSSIAPAT: New full-text patent database on STN
NEWS	22	JUN 13	FRFULL enhanced with patent drawing images
NEWS	23	JUN 20	MEDICONF to be removed from STN
NEWS EXPRESS		JUNE 13	CURRENT WINDOWS VERSION IS V8.0, CURRENT MACINTOSH VERSION IS V6.0c(ENG) AND V6.0Jc(JP), AND CURRENT DISCOVER FILE IS DATED 13 JUNE 2005
NEWS HOURS			STN Operating Hours Plus Help Desk Availability
NEWS INTER			General Internet Information
NEWS LOGIN			Welcome Banner and News Items
NEWS PHONE			Direct Dial and Telecommunication Network Access to STN
NEWS WWW			CAS World Wide Web Site (general information)

Enter NEWS followed by the item number or name to see news on that specific topic.

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result in loss of user privileges and other penalties.

\* \* \* \* \* STN Columbus \* \* \* \* \*

FILE 'HOME' ENTERED AT 15:35:43 ON 21 JUN 2005

=> set cluster

ENTER CLUSTER NAME OR (?):biotech

ENTER LIST OF FILE NAMES OR (?):medline,biosis,biotechds,caplus,embase

MORE FILES, (NONE) OR ?:

CLUSTER '.BIOTECH' DEFINED AS 'MEDLINE, BIOSIS, BIOTECHDS, CAPLUS, EMBASE'

SET COMMAND COMPLETED

=> file registry

COST IN U.S. DOLLARS

SINCE FILE

TOTAL

ENTRY

SESSION

FULL ESTIMATED COST

0.84

0.84

FILE 'REGISTRY' ENTERED AT 15:37:49 ON 21 JUN 2005

USE IS SUBJECT TO THE TERMS OF YOUR STN CUSTOMER AGREEMENT.

PLEASE SEE "HELP USAGETERMS" FOR DETAILS.

COPYRIGHT (C) 2005 American Chemical Society (ACS)

Property values tagged with IC are from the ZIC/VINITI data file provided by InfoChem.

STRUCTURE FILE UPDATES: 20 JUN 2005 HIGHEST RN 852602-49-4

DICTIONARY FILE UPDATES: 20 JUN 2005 HIGHEST RN 852602-49-4

New CAS Information Use Policies, enter HELP USAGETERMS for details.

TSCA INFORMATION NOW CURRENT THROUGH JANUARY 18, 2005

Please note that search-term pricing does apply when conducting SmartSELECT searches.

\*\*\*\*\*  
\*  
\* The CA roles and document type information have been removed from \*  
\* the IDE default display format and the ED field has been added, \*  
\* effective March 20, 2005. A new display format, IDERL, is now \*  
\* available and contains the CA role and document type information. \*  
\*  
\*\*\*\*\*

Crossover limits have been increased. See HELP CROSSOVER for details.

Experimental and calculated property data are now available. For more information enter HELP PROP at an arrow prompt in the file or refer to the file summary sheet on the web at:  
<http://www.cas.org/ONLINE/DBSS/registryss.html>

=> e melagatran

E1	1	MELAFOLONE/BI
E2	1	MELAFORM/BI
E3	3 -->	MELAGATRAN/BI
E4	3	MELAIN/BI
E5	691	MELAL/BI
E6	2	MELALEUC/BI
E7	662	MELALEUCA/BI
E8	6	MELALEUCAE/BI
E9	1	MELALEUCATE/BI
E10	6	MELALEUCIC/BI
E11	2	MELALEUCOIDES/BI
E12	1	MELALEUCOL/BI

=> s e3

L1 3 MELAGATRAN/BI

=> d rn cn

L1 ANSWER 1 OF 3 REGISTRY COPYRIGHT 2005 ACS on STN

RN 303184-53-4 REGISTRY

CN Glycine, N-[(1R)-2-[(2S)-2-[[[4-(aminoiminomethyl)phenyl]methyl]amino]carbonyl]-1-azetidiny]-1-cyclohexyl-2-oxoethyl]-, ethyl ester (9CI) (CA INDEX NAME)

OTHER NAMES:

CN Ethyl melagatran

CN Melagatran ethyl ester

=> file .biotech

COST IN U.S. DOLLARS

SINCE FILE

TOTAL

ENTRY

SESSION

FULL ESTIMATED COST

7.73

8.57

FILE 'MEDLINE' ENTERED AT 15:39:30 ON 21 JUN 2005

FILE 'BIOSIS' ENTERED AT 15:39:30 ON 21 JUN 2005

Copyright (c) 2005 The Thomson Corporation

FILE 'BIOTECHDS' ENTERED AT 15:39:30 ON 21 JUN 2005

COPYRIGHT (C) 2005 THE THOMSON CORPORATION

FILE 'CAPLUS' ENTERED AT 15:39:30 ON 21 JUN 2005

USE IS SUBJECT TO THE TERMS OF YOUR STN CUSTOMER AGREEMENT.

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COPYRIGHT (C) 2005 AMERICAN CHEMICAL SOCIETY (ACS)

FILE 'EMBASE' ENTERED AT 15:39:30 ON 21 JUN 2005

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=> stem cell#

STEM IS NOT A RECOGNIZED COMMAND

The previous command name entered was not recognized by the system.

For a list of commands available to you in the current file, enter

"HELP COMMANDS" at an arrow prompt (=>).

=> s stem cell#

L2 233461 STEM CELL#

=> s islet(1w)langerhan#

L3 20728 ISLET(1W) LANGERHAN#

=> s insulin(2a)produc?(2a)cell#

4 FILES SEARCHED...

L4 5183 INSULIN(2A) PRODUC?(2A) CELL#

=> s pancrea?(2a)cell#

L5 92240 PANCREA?(2A) CELL#

=> s melagatran

L6 981 MELAGATRAN

=> s 303184-53-4

L7 13 303184-53-4

=> s kit

L8 90874 KIT

=> s therap?

L9 6946706 THERAP?

=> s treat?diabet?

'?' TRUNCATION SYMBOL NOT VALID WITHIN 'TREAT?DIABET?'

The truncation symbol ? may be used only at the end of a search term. To specify a variable character within a word use '!', e.g., 'wom!n' to search for both 'woman' and 'women'. Enter "HELP TRUNCATION" at an arrow prompt (=>) for more information.

=> s treat?

COMMAND INTERRUPTED

If this message appears repeatedly, please notify the Help Desk.  
Enter "HELP STN" for information on contacting the nearest STN Help Desk by telephone or via SEND in the STNMAIL file.

=> s diabet?

L10 798226 DIABET?

=> s medicament#

L11 23810 MEDICAMENT#

=> s l2-l5 and l6 and l8-l9

4 FILES SEARCHED...

L12 4 (L2 OR L3 OR L4 OR L5) AND L6 AND (L8 OR L9)

=> s l2-l5 and l7 and l8-l9

4 FILES SEARCHED...

L13 0 (L2 OR L3 OR L4 OR L5) AND L7 AND (L8 OR L9)

=> d ibib l12

L12 ANSWER 1 OF 4 EMBASE COPYRIGHT 2005 ELSEVIER INC. ALL RIGHTS RESERVED.  
on STN

ACCESSION NUMBER: 2005003566 EMBASE

TITLE: Novel constructs for thrombin inhibition.

AUTHOR: Becker R.C.

CORPORATE SOURCE: becke021@mc.duke.edu

SOURCE: American Heart Journal, (2005) Vol. 149, No. 1 SUPPL., pp. S61-S72.

Refs: 56

ISSN: 0002-8703 CODEN: AHJOA2

PUBLISHER IDENT.: S 0002-8703(04)00777-X

COUNTRY: United States

DOCUMENT TYPE: Journal; General Review

FILE SEGMENT: 018 Cardiovascular Diseases and Cardiovascular Surgery

025 Hematology

030 Pharmacology

037 Drug Literature Index

038 Adverse Reactions Titles

LANGUAGE: English

SUMMARY LANGUAGE: English

ENTRY DATE: Entered STN: 20050113

Last Updated on STN: 20050113

=> d ibib l12 all

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025 Hematology  
030 Pharmacology  
037 Drug Literature Index  
038 Adverse Reactions Titles  
LANGUAGE: English  
SUMMARY LANGUAGE: English  
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TI Novel constructs for thrombin inhibition.  
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PUI S 0002-8703(04)00777-X  
CY United States  
DT Journal; General Review  
FS 018 Cardiovascular Diseases and Cardiovascular Surgery  
025 Hematology  
030 Pharmacology  
037 Drug Literature Index  
038 Adverse Reactions Titles

LA English  
SL English  
ED Entered STN: 20050113  
Last Updated on STN: 20050113

AB Inhibiting thrombin, whether directly, indirectly, or by preventing its generation and biological activity, is scientifically attractive and achievable. Currently available compounds will provide an opportunity to define the degree and duration of modulation required to suppress thrombin-mediated inflammatory, mitogenic, and prothrombotic responses. The restoration of normal endothelial function and thromboresistance using cell-based, molecular, and/or combined pharmacologic and cell-specific **therapeutics** may well be the most desirable area for investigation. Regardless of the chosen approach, treatments will require a design that acknowledges the dynamic nature of atherothrombosis, individual variation in thrombotic capacity and drug response, and the importance of regulability.

CT Medical Descriptors:  
\*anticoagulation  
enzyme inhibition  
bleeding: SI, side effect  
heart infarction: DT, drug therapy  
heart infarction: PC, prevention  
coronary artery disease: DT, drug therapy  
drug blood level  
stem cell  
dose response  
cell based gene therapy  
human  
nonhuman  
clinical trial  
review  
priority journal  
Drug Descriptors:  
\*thrombin inhibitor: AE, adverse drug reaction  
\*thrombin inhibitor: CT, clinical trial

\*thrombin inhibitor: CM, drug comparison  
 \*thrombin inhibitor: CR, drug concentration  
 \*thrombin inhibitor: DO, drug dose  
   **\*thrombin inhibitor: DT, drug therapy**  
 \*thrombin inhibitor: TO, drug toxicity  
 \*thrombin inhibitor: IV, intravenous drug administration  
 \*thrombin inhibitor: PO, oral drug administration  
 \*thrombin inhibitor: PK, pharmacokinetics  
 \*thrombin inhibitor: PD, pharmacology  
 \*thrombin inhibitor: SC, subcutaneous drug administration  
 \*blood clotting factor 10a inhibitor: IV, intravenous drug administration  
 \*blood clotting factor 10a inhibitor: PD, pharmacology  
 hirudin: CM, drug comparison  
 hirudin: IV, intravenous drug administration  
 hirudin: PD, pharmacology  
 enoxaparin: CM, drug comparison  
   **enoxaparin: DT, drug therapy**  
 enoxaparin: PD, pharmacology  
   **melagatran: CR, drug concentration**  
   **melagatran: TO, drug toxicity**  
   **melagatran: PK, pharmacokinetics**  
   **melagatran: PD, pharmacology**  
   **melagatran: SC, subcutaneous drug administration**  
 ximelagatran: AE, adverse drug reaction  
 ximelagatran: CT, clinical trial  
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 2 [4 [(1 acetimidoyl 3 pyrrolidinyl)oxy]phenyl] 3 (7 amidino 2  
 naphthyl)propionic acid: AE, adverse drug reaction  
 2 [4 [(1 acetimidoyl 3 pyrrolidinyl)oxy]phenyl] 3 (7 amidino 2  
 naphthyl)propionic acid: CT, clinical trial  
 2 [4 [(1 acetimidoyl 3 pyrrolidinyl)oxy]phenyl] 3 (7 amidino 2  
 naphthyl)propionic acid: CB, drug combination  
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 acetylsalicylic acid: CT, clinical trial  
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   **acetylsalicylic acid: DT, drug therapy**  
 fibrinogen receptor antagonist: CT, clinical trial  
 fibrinogen receptor antagonist: CB, drug combination  
   **fibrinogen receptor antagonist: DT, drug therapy**  
 heparin: CT, clinical trial  
 heparin: CM, drug comparison  
   **heparin: DT, drug therapy**  
 sr 123781a: CM, drug comparison  
 sr 123781a: DO, drug dose  
 sr 123781a: IV, intravenous drug administration

sr 123781a: PD, pharmacology.  
aptamer: DO, drug dose  
aptamer: PD, pharmacology  
unclassified drug

RN (hirudin) 8001-27-2; (enoxaparin) 9041-08-1; (melagatran)  
159776-70-2; (ximelagatran) 192939-46-1, 260790-58-7; (2 [4 [(1  
acetimidoyl 3 pyrrolidinyl)oxy]phenyl] 3 (7 amidino 2 naphthyl)propionic  
acid) 155204-81-2; (clopidogrel) 113665-84-2, 120202-66-6, 90055-48-4,  
94188-84-8; (acetylsalicylic acid) 493-53-8, 50-78-2, 53663-74-4,  
53664-49-6, 63781-77-1; (heparin) 37187-54-5, 8057-48-5, 8065-01-8,  
9005-48-5  
CN Dx 9065a; Sr 123781a

=> d 112 1-4 ibib abs kwic

L12 ANSWER 1 OF 4 EMBASE COPYRIGHT 2005 ELSEVIER INC. ALL RIGHTS RESERVED.  
on STN

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TITLE: Novel constructs for thrombin inhibition.  
AUTHOR: Becker R.C.  
CORPORATE SOURCE: becke021@mc.duke.edu  
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SUMMARY LANGUAGE: English  
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L12 ANSWER 2 OF 4 EMBASE COPYRIGHT 2005 ELSEVIER INC. ALL RIGHTS RESERVED.  
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ACCESSION NUMBER: 2004517046 EMBASE

TITLE: Blasts from the past.

AUTHOR: Insel P.A.; Kornfeld S.; Majerus P.W.; Marks A.R.; Marks P.A.; Reiman A.S.; Scharschmidt B.F.; Stossel T.P.; Varki A.P.; Weiss S.J.; Wilson J.D.

CORPORATE SOURCE: P.A. Insel, 630 West 168th Street, New York, NY 10032, United States. editors@the-jci.org

SOURCE: Journal of Clinical Investigation, (2004) Vol. 114, No. 8, pp. 1017-1033.

Refs: 114

ISSN: 0021-9738 CODEN: JCINAO

COUNTRY: United States

DOCUMENT TYPE: Journal; General Review

FILE SEGMENT: 005 General Pathology and Pathological Anatomy  
016 Cancer  
018 Cardiovascular Diseases and Cardiovascular Surgery  
030 Pharmacology  
037 Drug Literature Index

LANGUAGE: English

SUMMARY LANGUAGE: English

ENTRY DATE: Entered STN: 20041228

Last Updated on STN: 20041228

AB With this issue of the JCI, we celebrate the 80th anniversary of the Journal. While 80 years is not a century, we still feel it is important to honor what the JCI has meant to the biomedical research community for 8 decades. To illustrate why the JCI is the leading general-interest translational research journal edited by and for biomedical researchers, we have asked former JCI editors-in-chief to reflect on some of the major scientific advances reported in the pages of the Journal during their tenures.

CT Medical Descriptors:

\*medical research  
cell aging  
ketoacidosis  
brain function  
starvation  
gallstone  
hyperlipidemia  
heart infarction: DT, drug therapy  
growth disorder  
fibrinolytic therapy  
thrombus: DT, drug therapy  
drug efficacy  
coronary artery thrombosis: DT, drug therapy  
heart hypertrophy  
hypertension  
glucose intolerance  
glomerulopathy: DT, drug therapy  
glomerulopathy: ET, etiology  
atherosclerosis: DT, drug therapy  
atherosclerosis: ET, etiology  
thrombosis: DT, drug therapy  
thrombosis: PC, prevention  
inflammatory disease  
phagocytosis  
pneumonia: DT, drug therapy  
juvenile rheumatoid arthritis: DT, drug therapy  
tumor vascularization

Tangier disease: ET, etiology  
 drug safety  
 enteritis  
 preeclampsia  
   **pancreas cancer: DT, drug therapy**  
   **pancreas cell**  
   **stem cell transplantation**  
   **diabetes mellitus: DT, drug therapy**  
   **diabetes mellitus: TH, therapy**  
 human  
 nonhuman  
 clinical trial  
 review  
 priority journal  
 alteplase: CT, clinical trial  
   **alteplase: DT, drug therapy**  
 alteplase: PD, pharmacology  
 glucagon: CB, drug combination  
 glucagon: PD, pharmacology  
 adrenalin: CB, drug combination  
 adrenalin: PD, pharmacology  
 oral antidiabetic agent: PO, oral drug. . . antidiabetic agent: PD,  
 pharmacology  
 tolbutamide: CB, drug combination  
 tolbutamide: IV, intravenous drug administration  
 tolbutamide: PD, pharmacology  
 urokinase  
 streptokinase  
 monoclonal antibody: PD, pharmacology  
 integrin alpha2beta3: PD, pharmacology  
 integrin: PD, pharmacology  
   **enalapril: DT, drug therapy**  
 enalapril: PD, pharmacology  
 prostaglandin synthase inhibitor  
 antiinflammatory agent: PD, pharmacology  
 interleukin 8: PD, pharmacology  
 antioxidant: CT, clinical trial  
   **antioxidant: DT, drug therapy**  
 vasculotropin inhibitor  
 heparin: CT, clinical trial  
 heparin: CM, drug comparison  
   **heparin: DT, drug therapy**  
 heparin: PD, pharmacology  
 thrombin inhibitor: CT, clinical trial  
 thrombin inhibitor: CM, drug comparison  
   **thrombin inhibitor: DT, drug therapy**  
 thrombin inhibitor: PO, oral drug administration  
 thrombin inhibitor: PD, pharmacology  
 hirudin: CT, clinical trial  
 hirudin: CM, drug comparison  
   **hirudin: DT, drug therapy**  
 hirudin: PD, pharmacology  
 argatroban  
 hirulog  
   **melagatran**  
 ximelagatran: PO, oral drug administration  
 leptin: CV, intracerebroventricular drug administration  
 leptin: PD, pharmacology  
 interleukin 6 antibody: CT, clinical trial  
   **interleukin 6 antibody: DT, drug therapy**  
 interleukin 6 antibody: PD, pharmacology  
 tumor necrosis factor related apoptosis inducing ligand: PD, pharmacology  
   **metformin: DT, drug therapy**  
 metformin: PO, oral drug administration  
 metformin: PD, pharmacology

2,4 thiazolidinedione derivative  
antineoplastic agent: CB, drug combination  
antineoplastic agent: PD, pharmacology  
unindexed drug  
unclassified drug  
imatinib  
bevacizumab  
semaxanib  
2,4. . .

RN. . . (urokinase) 139639-24-0; (streptokinase) 9002-01-1; (enalapril) 75847-73-3; (interleukin 8) 114308-91-7; (heparin) 37187-54-5, 8057-48-5, 8065-01-8, 9005-48-5; (hirudin) 8001-27-2; (argatroban) 74863-84-6; (hirulog) 128270-60-0; (**melagatran**) 159776-70-2; (ximelagatran) 192939-46-1, 260790-58-7; (metformin) 1115-70-4, 657-24-9; (imatinib) 152459-95-5, 220127-57-1; (bevacizumab) 216974-75-3; (semaxanib) 186610-95-7; (2,4 dimethyl 5 (2 oxo 1h. . .

L12 ANSWER 3 OF 4 EMBASE COPYRIGHT 2005 ELSEVIER INC. ALL RIGHTS RESERVED.  
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ACCESSION NUMBER: 2004510055 EMBASE  
TITLE: Protecting **pancreatic**  $\beta$ - cells.  
AUTHOR: Pileggi A.; Fenjves E.S.; Klein D.; Ricordi C.; Pastori R.L.  
CORPORATE SOURCE: Dr. R.L. Pastori, Diabetes Research Institute, Univ. of Miami School of Medicine, 1450 NW 10th Avenue, Miami, FL 33136, United States. rpastori@med.miami.edu  
SOURCE: IUBMB Life, (2004) Vol. 56, No. 7, pp. 387-394.  
Refs: 70  
ISSN: 1521-6543 CODEN: IULIF8  
COUNTRY: United States  
DOCUMENT TYPE: Journal; General Review  
FILE SEGMENT: 029 Clinical Biochemistry  
048 Gastroenterology  
LANGUAGE: English  
SUMMARY LANGUAGE: English  
ENTRY DATE: Entered STN: 20041217  
Last Updated on STN: 20041217

AB Type 1 diabetes mellitus is an autoimmune disorder in which the **insulin-producing**  $\beta$ - cells of the **pancreatic** islets of Langerhans are selectively destroyed. Transplantation of allogeneic islets offers a novel **therapeutic** approach for type 1 diabetic patients. Primary obstacles to the successful outcome of this treatment are loss of the islets occurring first during the isolation procedure and then immediately following transplantation. The genetic make up of  $\beta$ -cells contributes to making them particularly vulnerable to apoptosis and necrosis-induced cell death caused by the trauma of the isolation procedure and by non-specific inflammatory events at the transplantation site. In this review we present description of chemical and molecular biology based strategies to confer cytoprotection to  $\beta$ -cells.

TI Protecting **pancreatic**  $\beta$ - cells.

AB Type 1 diabetes mellitus is an autoimmune disorder in which the **insulin-producing**  $\beta$ - cells of the **pancreatic** islets of Langerhans are selectively destroyed. Transplantation of allogeneic islets offers a novel **therapeutic** approach for type 1 diabetic patients. Primary obstacles to the successful outcome of this treatment are loss of the islets. . .

CT Medical Descriptors:

\***pancreas islet beta cell**  
\*cell protection  
insulin dependent diabetes mellitus  
autoimmune disease  
insulin release  
pancreas islet  
allogeneic hematopoietic stem cell transplantation

treatment outcome  
 isolation procedure  
 genetic analysis  
 apoptosis  
 cell death  
 inflammation  
 binding site  
 chemical analysis  
 molecular biology  
     **gene therapy**  
 gene vector  
 human  
 controlled study  
 human cell  
 review  
 calcitriol  
 estradiol  
 carbon monoxide  
 cyclooxygenase 2 inhibitor  
 glucagon like peptide  
 somatomedin  
 lisofylline  
 dextran  
 protoporphyrin  
     **melagatran**  
 nicotinamide  
 peroxisome proliferator activated receptor agonist  
 pyruvic acid  
 proteinase inhibitor  
 superoxide dismutase  
 hydroxymethylglutaryl coenzyme A reductase inhibitor  
 endotoxin  
 scatter factor

RN. . . 32511-63-0, 66772-14-3; (estradiol) 50-28-2; (carbon monoxide)  
 630-08-0; (glucagon like peptide) 82905-30-4; (lisofylline) 100324-81-0,  
 151852-32-3, 6493-06-7; (dextran) 87915-38-6, 9014-78-2; (protoporphyrin)  
 553-12-8; (**melagatran**) 159776-70-2; (nicotinamide) 11032-50-1,  
 98-92-0; (pyruvic acid) 127-17-3, 19071-34-2, 57-60-3; (proteinase  
 inhibitor) 37205-61-1; (superoxide dismutase) 37294-21-6, 9016-01-7,  
 9054-89-1; (scatter factor) 67256-21-7,. . .

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ACCESSION NUMBER: 2003249349 EMBASE  
 TITLE: Islet cell transplantation as a cure for insulin dependent  
 diabetes: Current improvements in preserving islet cell  
 mass and function.  
 AUTHOR: Fontaine M.J.; Fan W.  
 CORPORATE SOURCE: Dr. M.J. Fontaine, Department of Pathology, Medical  
 University of South Carolina, 165 Ashley Ave., Charleston,  
 SC 29425, United States. fontainm@musc.edu  
 SOURCE: Hepatobiliary and Pancreatic Diseases International, (2003)  
 Vol. 2, No. 2, pp. 170-179.  
 Refs: 72  
 ISSN: 1499-3872 CODEN: HPDIAJ  
 COUNTRY: China  
 DOCUMENT TYPE: Journal; General Review  
 FILE SEGMENT: 003 Endocrinology  
                   009 Surgery  
                   026 Immunology, Serology and Transplantation  
                   037 Drug Literature Index  
                   038 Adverse Reactions Titles  
                   048 Gastroenterology  
 LANGUAGE: English  
 SUMMARY LANGUAGE: English

ENTRY DATE: Entered STN: 20030710  
Last Updated on STN: 20030710

AB Objective: To review the current progress of islet cell transplantation in patients with insulin-dependent diabetes, emphasizing on the difficulties with recovering and preserving islet cell mass and function, 30% of which is lost during the peri-transplantation period. Results: The islet-cell isolation technique is perfected, but improvements are still progressing in two major directions: preservation of islet cells and tolerance induction. Optimum islet cell viability and function depends on appropriate revascularization of the islet graft and blockade of thrombus formation as well as cytokine and free radical release. Conditioning the islet cells in-vitro prior to transplantation to either upregulate VEGF expression or downregulate NF-kappa B transcription factor has proven to improve revascularization and to prevent islet cell apoptosis and cytokine-mediated damage. Tolerance induction is currently being best achieved by selecting and combining immunosuppressive agents such as monoclonal antibodies which target the major signaling molecules during immune activation, but which are least toxic to islet cells. Conclusions: Patients with insulin-dependent diabetes will greatly benefit from current developments in effective approaches to protect islets during the peritransplant period. Emerging interest in **stem cell** biology and differentiation may provide the ultimate solution to the problem of organ scarcity and islet cell protection from the peritransplant induced damage.

AB . . . diabetes will greatly benefit from current developments in effective approaches to protect islets during the peritransplant period. Emerging interest in **stem cell** biology and differentiation may provide the ultimate solution to the problem of organ scarcity and islet cell protection from the. . .

CT Medical Descriptors:

\*insulin dependent diabetes mellitus: SU, surgery

\*pancreas islet transplantation

\*graft preservation

treatment indication

pancreas islet cell

pancreas islet cell function

perioperative period

cell loss

cell isolation

isolation procedure

immunological tolerance

cell viability

revascularization

vein thrombosis: CO, complication

vein thrombosis: DT, drug therapy

vein thrombosis: PC, prevention

cytokine release

preoperative period

upregulation

protein expression

down regulation

treatment outcome

apoptosis

cell damage

immunosuppressive treatment

drug targeting

signal transduction

immune response

cytotoxicity

cell protection

**stem cell**

cell differentiation

organ transplantation

graft rejection: CO, complication

graft rejection: DT, drug therapy

graft rejection: PC, prevention  
 drug potentiation  
 diabetogenesis  
 diabetes mellitus: SI, side effect  
 diabetes mellitus: SU, surgery  
 human  
 nonhuman  
 mouse  
 review  
 free radical: EC, endogenous compound  
 cytokine: . . . agent: AE, adverse drug reaction  
 immunosuppressive agent: CB, drug combination  
 immunosuppressive agent: CM, drug comparison  
 immunosuppressive agent: DO, drug dose  
 immunosuppressive agent: IT, drug interaction  
     **immunosuppressive agent: DT, drug therapy**  
 immunosuppressive agent: PD, pharmacology  
 monoclonal antibody: CB, drug combination  
     **monoclonal antibody: DT, drug therapy**  
 monoclonal antibody: PD, pharmacology  
 steroid: AE, adverse drug reaction  
 interleukin 2 receptor antibody: CB, drug combination  
 interleukin 2 receptor antibody: CM, drug comparison  
     **interleukin 2 receptor antibody: DT, drug therapy**  
 interleukin 2 receptor antibody: PD, pharmacology  
 daclizumab: CB, drug combination  
 daclizumab: CM, drug comparison  
     **daclizumab: DT, drug therapy**  
 daclizumab: PD, pharmacology  
 tsukubaenolide: CB, drug combination  
 tsukubaenolide: CM, drug comparison  
 tsukubaenolide: DO, drug dose  
     **tsukubaenolide: DT, drug therapy**  
 tsukubaenolide: PD, pharmacology  
 rapamycin: CB, drug combination  
 rapamycin: CM, drug comparison  
     **rapamycin: DT, drug therapy**  
 rapamycin: PD, pharmacology  
 calcineurin inhibitor: AE, adverse drug reaction  
 calcineurin inhibitor: CB, drug combination  
 calcineurin inhibitor: CM, drug comparison  
     **calcineurin inhibitor: DT, drug therapy**  
 calcineurin inhibitor: PD, pharmacology  
     **heparin: DT, drug therapy**  
 heparin: PD, pharmacology  
     **melagatran: DT, drug therapy**  
     **melagatran: PD, pharmacology**  
     **thrombin inhibitor: DT, drug therapy**  
 thrombin inhibitor: PD, pharmacology  
     **tissue factor pathway inhibitor: DT, drug therapy**  
 tissue factor pathway inhibitor: PD, pharmacology  
 tumor necrosis factor alpha: EC, endogenous compound  
 gamma interferon: EC, endogenous compound  
 interleukin 1: EC, endogenous compound  
 interleukin 4: CB, drug combination  
 interleukin 4: CM, drug comparison  
 interleukin 4: IT, drug interaction  
     **interleukin 4: DT, drug therapy**  
 interleukin 4: PD, pharmacology  
 interleukin 10: CB, drug combination  
 interleukin 10: CM, drug comparison  
 interleukin 10: IT, drug interaction  
     **interleukin 10: DT, drug therapy**  
 interleukin 10: PD, pharmacology  
 cyclosporin A: CB, drug combination

cyclosporin A: CM, drug comparison  
cyclosporin A: IT, drug interaction  
**cyclosporin A: DT, drug therapy**  
cyclosporin A: PD, pharmacology  
nicotinamide: PD, pharmacology  
nitric oxide: EC, endogenous compound  
nitric oxide synthase inhibitor: PD, pharmacology  
aminoguanidine: PD, pharmacology  
n(g).

RN (vasculotropin) 127464-60-2; (interleukin 2 receptor antibody)  
179045-86-4; (tsukubaenolide) 104987-11-3; (rapamycin) 53123-88-9;  
(heparin) 37187-54-5, 8057-48-5, 8065-01-8, 9005-48-5; (melagatran  
) 159776-70-2; (tissue factor pathway inhibitor) 116638-34-7; (gamma  
interferon) 82115-62-6; (cyclosporin A) 59865-13-3, 63798-73-2;  
(nicotinamide) 11032-50-1, 98-92-0; (nitric oxide) 10102-43-9;  
(aminoguanidine).

=> log y

COST IN U.S. DOLLARS

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